LEGISLATIVE BILL ORDER Page ____ of ___

SIGNATURE		ACCOU	ACCOUNT NUMBER:		
Purchaser	Driver's	Driver's License #:			
Phone #	P.O. #:	P.O. #:			
Address	DATE:				
		STATE A	GEN	CY □ YES □ NO	
City					
State ZII	Р				
PLEASE NOTE: ALL BILLS MUST BE LISTED SEPARATELY IN NUMBERICAL ORDER					
Qty. Senate Bill No. *	Qty.	Assembly Bill No. *	Qty.	Chapter # / Year	
\$		R OFFICE USE ONLY \$	FOR OFFICE USE ONLY		
TOTAL QUANTITY		TOTAL QUANTITY		TOTAL QUANTITY	
Box No	☐ Ma		BDS		
PICKUP TIME	∐ Co	ounter \square Ar	nnex I	Postage	
Employee Initials		NO RFF		NDS	

OSP 347 (11/96) OSP 96 02987

^{*} Indicate year if not current Legislative Session.